

Bear ApplicationThe Little Traverse Bay Bands of Odawa Indians

LTBB License #		LTBB Enroll	ment #
Name:			
Address:_			
	Street		
-	City	State	Zip
Date of Bi	rth:	Phone:	
Alternate Phone Number:			
Email:			
interested in by c Bal Dru Gla Gw Nev	hecking applicable be dwin Immond Island dwin inn wberry d Oak	peing the most preferred ox. See attached map fo) management units you are r management units.
I Certify that the above information is true and that I have read and received a copy of the LTBB Bear Permit Policy.			
Signature		Date	
(For LTBB Office Us	e Only)		
Amount Received	Method of I	Payment Tag	#
Staff Initials	Date	Unit	<u> </u>
Notes:			